

Newport District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 **VERMONT**
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Newport District Office*

The next few pages describe the demographic makeup of Newport area adults in 2013-2014.

More than half of Newport adults are female. Sixty percent of adults are 25-64 years old and three in ten are 65 and older.

- Newport area residents are significantly less likely to be 25-44 years old compared to Vermont adults overall (20% vs. 28%)
- Newport adults are significantly more likely than VT adults to be 65 and older (29% vs. 21%).

More than half of Newport adults have a high school degree or less.

- Newport adults are significantly more likely than Vermont adults overall to have a high school or less degree (55% vs. 39%) and less likely to have a college degree or higher (18% vs. 32%).

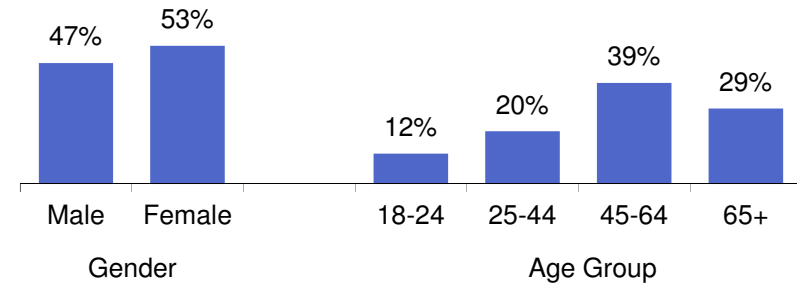
More than a third of Newport adults live in a home making less than \$25,000 annually.

- Newport adults are significantly more likely than Vermont adults overall to live in homes making less than \$25,000 per year (35% vs. 25%) and significantly less likely to live in ones making \$50,000 or more annually (33% vs. 48%).

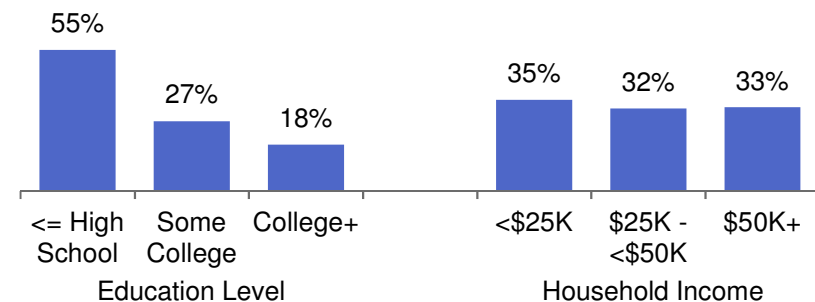
Five percent of Newport area adults report being a racial or ethnic minority, statistically similar to the six percent among all Vermont adults.

*See page 31 for a list of the towns included in the Newport Health District.

**Newport Residents
by Gender and Age**



**Newport Residents
by Education & Income Level**



Demographics of Newport District Office

Slightly more than half of Newport adults are currently employed and about a quarter are retired. Less than 10% each said they are a student or homemaker (9%), unable to work (8%) or are unemployed (6%) .

- Newport adults are significantly less likely to be employed (52% vs. 63%) than Vermont adults.
- Conversely, Newport residents are more likely to be retired (24% vs. 18%) compared to Vermont adults overall.

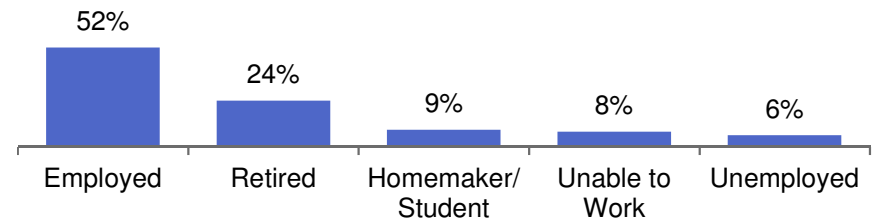
More than half of Newport adults are married. Less than two in ten (17%) have never married or are divorced. Fewer than 10% are widowed or part of an unmarried couple.

- Adults in the Newport area are significantly more likely to be widowed compared with Vermont adults (9% vs. 6%).

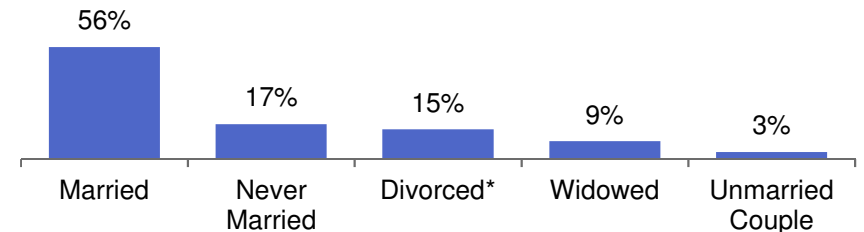
Seven in ten adults in Newport said there are no children less than 18 in their home. Less than 5% have three or more children.

- The number of children in the home reported by Newport area adults was similar to that for Vermont overall.

**Newport Residents
by Employment Status**

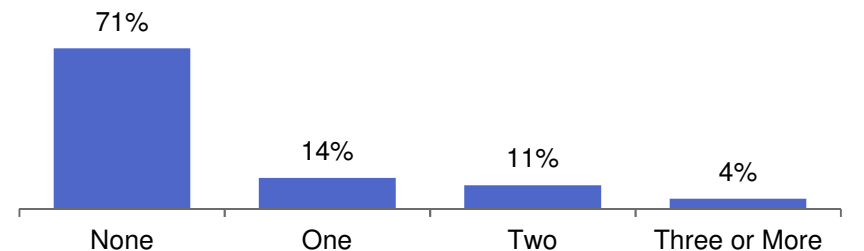


**Newport Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Newport Residents
by Children in Household**

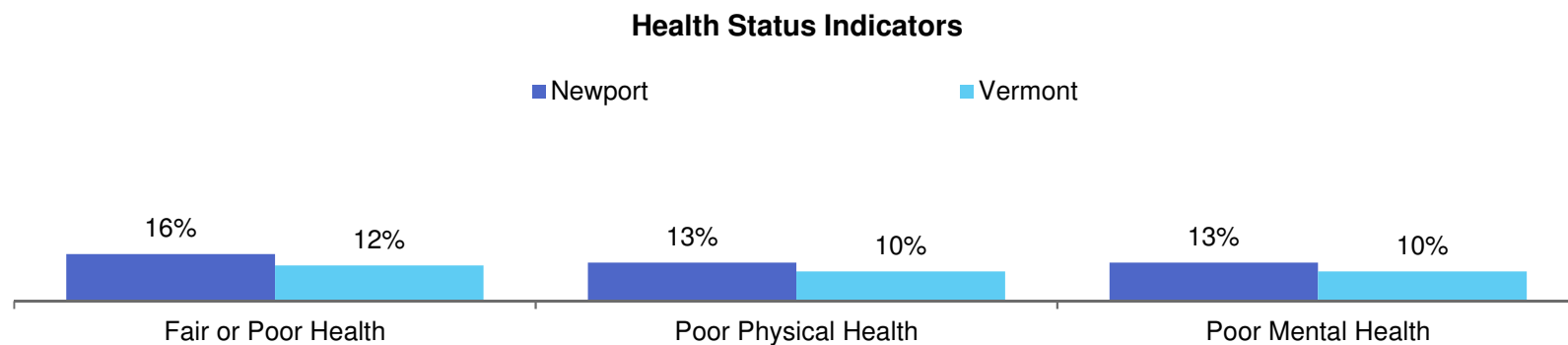


Health Status Indicators

In 2013-2014, one in six (16%) Newport area adults reported poor or fair general health. This is significantly higher than the 12% reported from Vermont adults overall. About one in eight reported having poor physical health, while thirteen percent said they had poor mental health. Both are similar to the proportion among Vermont adults (10% each).

Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Health status indicators among Newport area adults, have not changed significantly since 2011. See Appendix A for results over time.



Health Status Indicators

There are no statistical differences by gender, among Newport area adults, in the rates of fair or poor general health, poor physical health, or poor mental health.

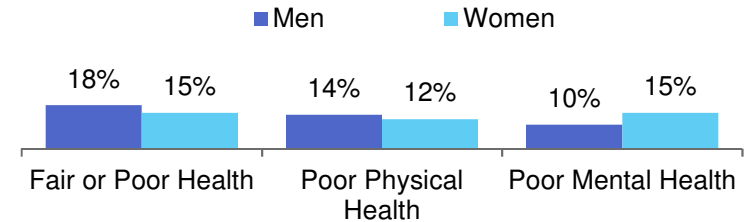
Among Newport adults, reported fair or poor general health increases as age increases. Poor physical health is more likely among older adults, while poor mental health is reported more among younger adults.

- Area adults 65 and older are significantly more likely than those 18-44 to have fair or poor general health.
- Adults 45 and older are significantly more likely to report poor physical health compared those 18-44.
- Adults 45-64 are significantly more likely to have poor mental health compared to older adults.

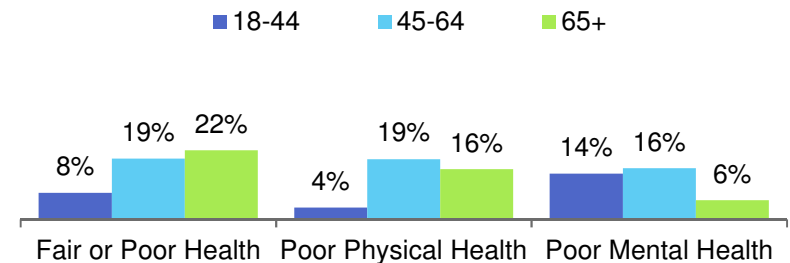
Poor health measures decrease as annual income level increases.

- Newport area adults in homes making less than \$25,000 annually are more likely to report having fair or poor general health than those in home with more income.
- Adults in homes that make less than \$25,000 are also significantly more likely to report poor physical and mental health than those in homes making at least \$50,000.

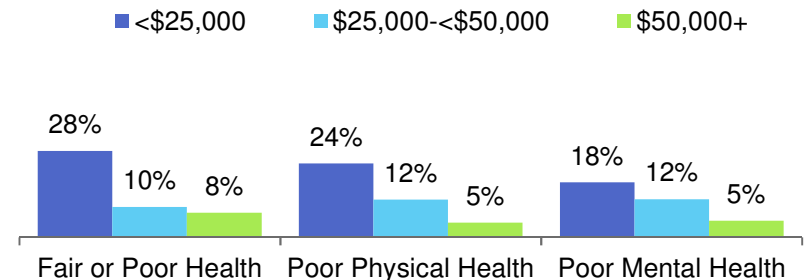
**Health Status Indicators by Gender
Newport Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

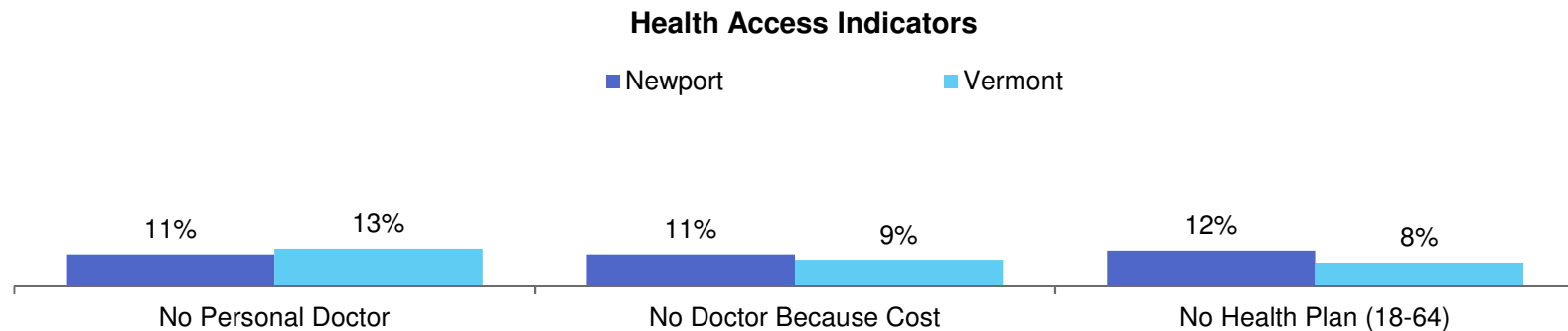


Health Access Indicators

In 2013-2014, about one in nine adults in the Newport area each said they do not have a personal doctor for health care or that they needed care in the last year but did not seek it due to the cost. Among Newport area adults ages 18-64, 12% said they do not have health insurance.

Newport area adults report similar rates to Vermonters overall for each of these health access indicators.

Health access indicators, among Newport area adults have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

There are no statistically significant differences by gender, among Newport area adults, in any measure of poor health access.

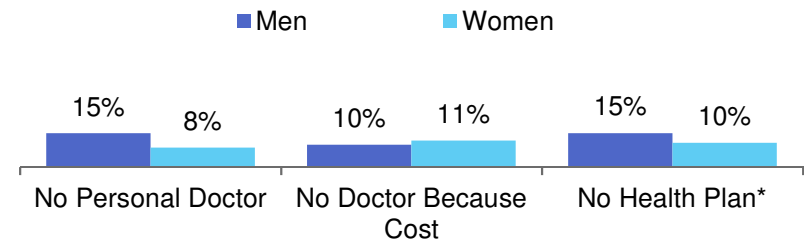
Poor health access decreases with increasing age among Newport area adults.

- Adults ages 18-44 are significantly more likely than those 65 and older to report not having a personal health care provider (20% vs. 6%)
- Adults 18-64 are significantly more likely to delay care due to cost compared to older adults 65 and older.
- There are no differences in not having a health plan by age.

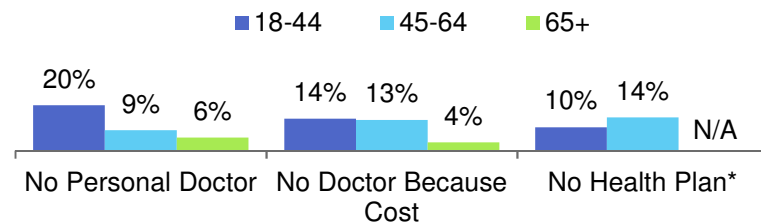
Poor health access is higher among adults with lower household incomes.

- Adults in homes making \$25,000-\$49,999 per year are significantly more likely to be without a health plan than those with more income.
- There are no significant differences among adults by annual household income for not having a primary care provider or delaying care due to cost.

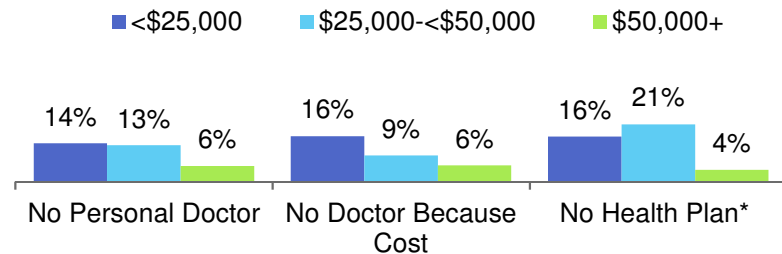
**Health Access Indicators by Gender
Newport Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

**Sample size too small to report.

Disability

About a quarter of Newport area adults reported having a disability (24%), the same as reported among Vermont adults.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Newport area reported being disabled at the same rate (24%).

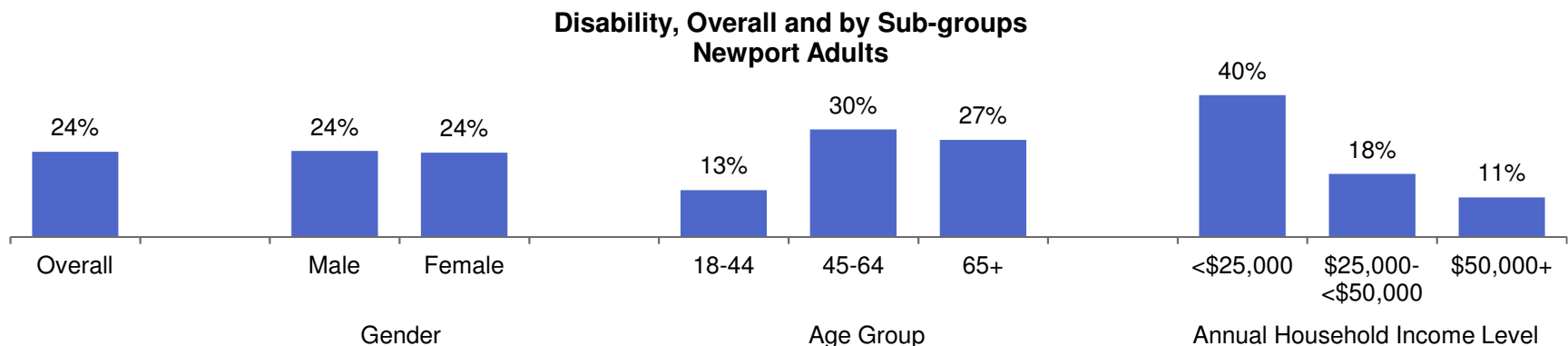
Adults 45-64 are significantly more likely than those 18-44 to have a disability (30% vs. 13%).

- All other differences in age are not statistically significant.

Newport area adults with lower annual household incomes are more likely to be disabled.

- Those in homes making less than \$25,000 per year are more likely to report disability than those in homes with more income.

Reported disability among Newport adults has not changed significantly since 2011. See Appendix A for results over time.



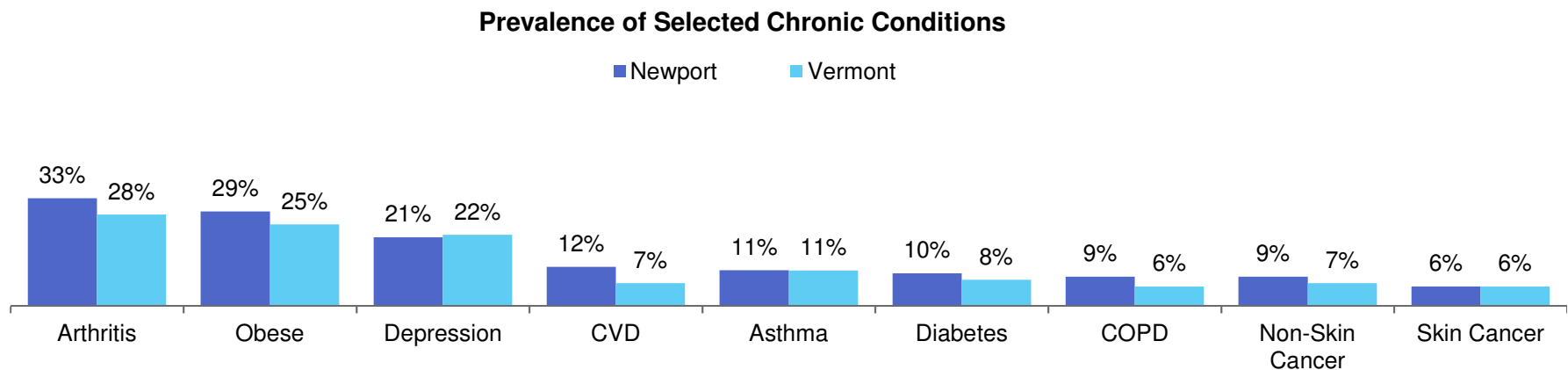
Chronic Conditions

Newport area adults reported statistically higher rates of arthritis, cardiovascular disease and chronic obstructive pulmonary disease (COPD) when compared with Vermont adults.

- A third of adults in the Newport area reported having arthritis (33%), significantly higher than the 28% among Vermont adults.
- About one in eight (12%) Newport adults said they have cardiovascular disease (CVD), compared with 7% among Vermont adults overall.
- One in eleven (9%) adults living in the Newport area have COPD, compared with 6% among Vermont adults overall.

Newport area and Vermont adults reported similar rates of the following chronic conditions: obesity, depression, asthma, diabetes, non-skin cancer, and skin cancer.

Among adults in the Newport area, the prevalence of chronic conditions have not changed significantly since 2011. See Appendix A for results over time.



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

Newport area women are significantly more likely than men to report having a depressive disorder (26% vs. 15%).

- There are no statistical differences by gender for the prevalence of arthritis, obesity, or asthma.

Among Newport area adults, arthritis prevalence increases as age increases.

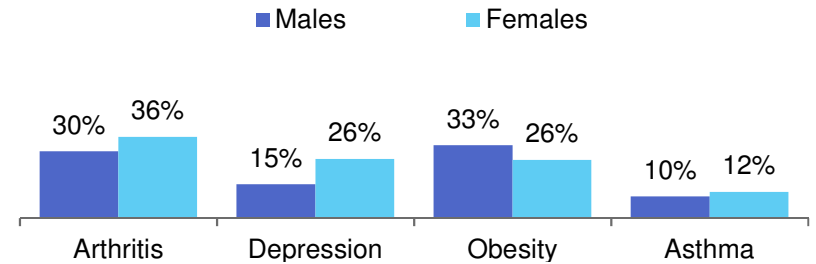
- Adults ages 45 and older have a significantly higher prevalence of arthritis than adults 18-44.

There are no statistical differences by age for rates of depression, obesity, and asthma.

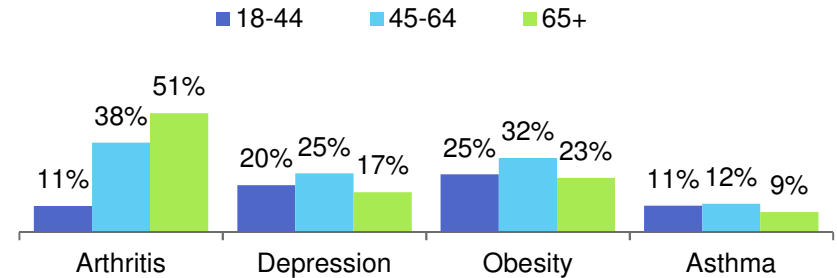
Newport adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis and depressive disorders.

- Newport adults in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more per year to have arthritis.
- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to have depression.
- There are no statistically significant differences by annual household income level for rates of obesity or asthma.

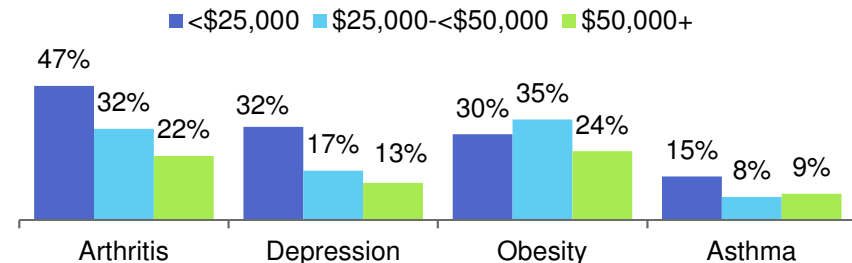
**Chronic Conditions by Gender
Newport Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes and COPD.

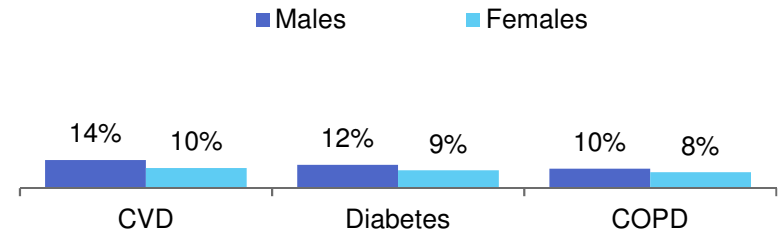
Among Newport area adults, the prevalence of cardiovascular disease, diabetes and COPD increases with increasing age.

- Adults 65 and older are significantly more likely to report having cardiovascular disease than those 18-64.
- Adults 45 and older have a significantly higher prevalence of COPD and diabetes than younger adults
- Prevalence of diabetes does not vary significantly by age.

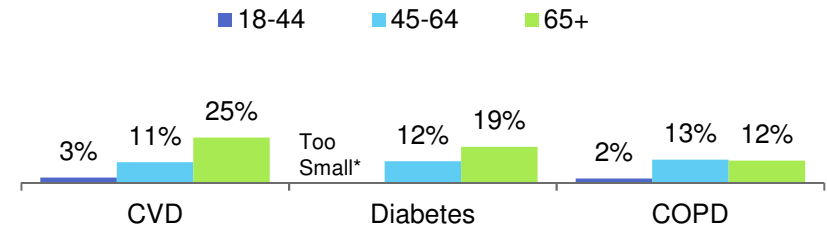
The prevalence of CVD, Diabetes, and COPD decrease as annual household income increases.

- Adults in homes making less than \$25,000 per year are significantly more likely to have CVD and COPD compared to those living in homes making at least \$50,000.
- There are no statistically significant differences in the prevalence of diabetes by income level.

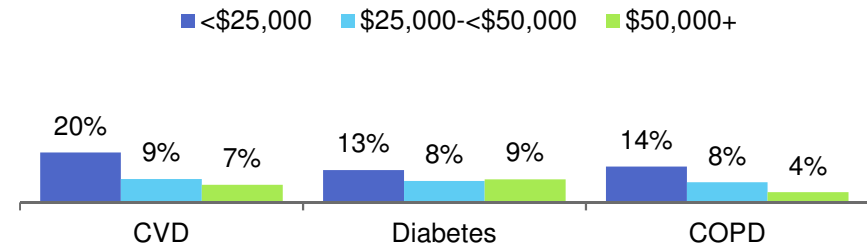
**Chronic Conditions by Gender
Newport Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Newport adults.

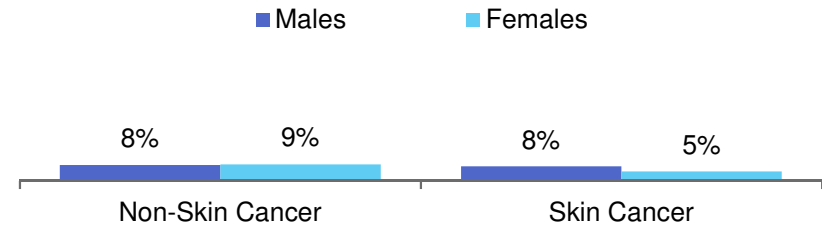
The prevalence of both skin and non-skin cancers in Newport area adults is higher among older age groups.

- Adults 65 and older are significantly more likely to have been diagnosed with non-skin cancer, compared to adults 18-44.
- Differences in skin cancer prevalence by age are not statistically significant.

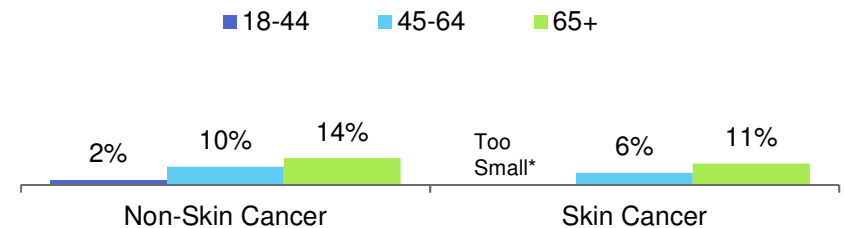
Newport area adults in homes with less income are more likely to report having cancer, regardless of type.

- Adults in homes making less than \$25,000 annually are significantly more likely to report ever having a non-skin cancer, compared with those making \$25,000-\$49,999 annually.
- Prevalence of skin cancer does not vary statistically by annual household income level.

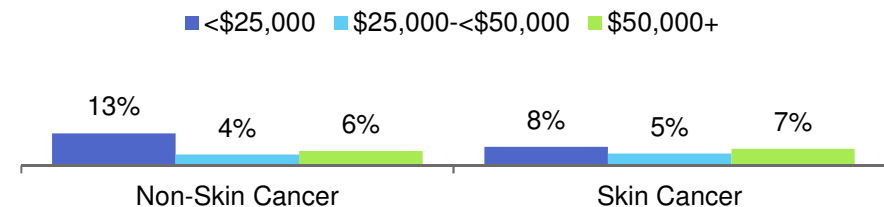
**Chronic Conditions by Gender
Newport Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Risk Behaviors

More than a quarter (26%) of adults in the Newport area said they did not participate in any leisure time physical activity during the previous month, significantly higher than the 18% reported by Vermont adults.

Two in ten (20%) of Newport area adults currently smoke, similar to the 18% reported for Vermont adults overall.

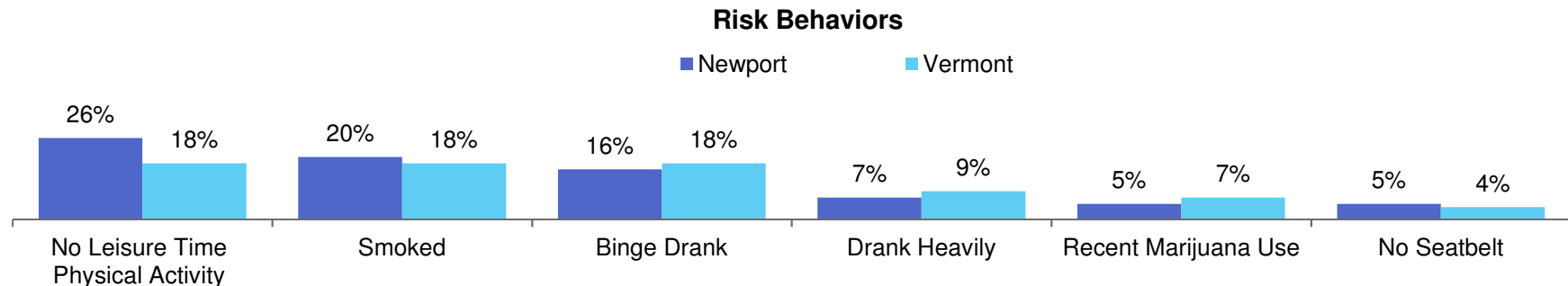
- Among Newport area smokers, 62% tried to quit smoking at least once during the previous year, which is also similar to the 59% of Vermont smokers.

Sixteen percent of Newport adults reported binge drinking during the previous month, less, 7% said they drank heavily, used marijuana (5%), or seldom or never wore a seatbelt (5%).

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Rates of binge and heavy drinking, recent marijuana use, and non-use of seatbelts among Newport area adults are all similar to Vermont adults overall.

Smoking prevalence among Newport area adults has decreased significantly over time, from 30% (2011-2012) to 20% (2013-2014). The prevalence of other risk behaviors has not changed significantly since 2011. See Appendix A for trend results.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

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Newport District Office: BRFSS Data, 2012-2013 (marijuana use), 2013-2014 (all other measures)

Risk Behaviors

Men and women in the Newport area report smoking and not participating in leisure time physical activity at similar rates.

Among adults in the Newport area, smoking rates decrease with increasing age.

- Adults 18-44 are significantly more likely than those 65 and older to smoke.

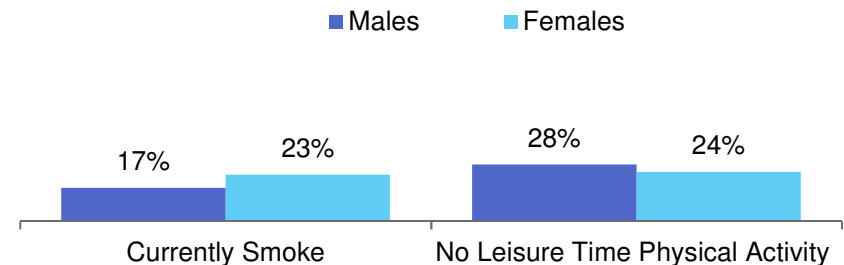
There are no statistical differences by age in rates of not participating in physical activity.

Newport area adults in homes with more income are less likely to currently smoke.

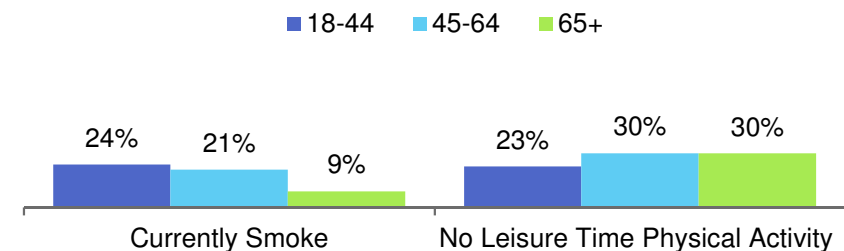
- Those in homes making \$25,000 or more per year are significantly less likely to smoke compared to those in homes making less than \$25,000.

There are no significant differences by annual household income level by not participating in physical activity among Newport area adults.

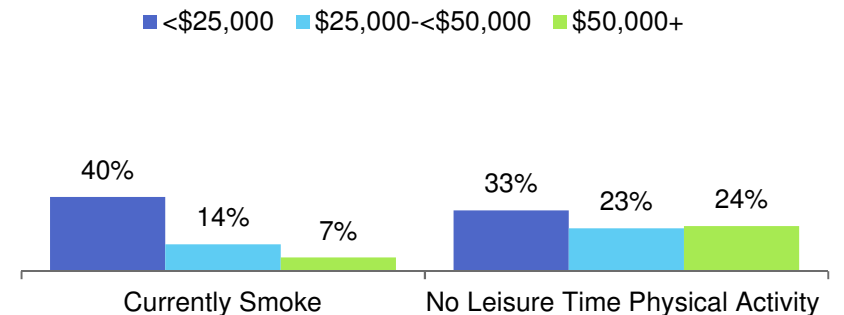
**Risk Behaviors by Gender
Newport Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

About a quarter (24%) of men in the Newport area said they binge drank in the last month. This is significantly higher than the 9% reported among women.

- Heavy drinking and marijuana use does not differ significantly by gender.

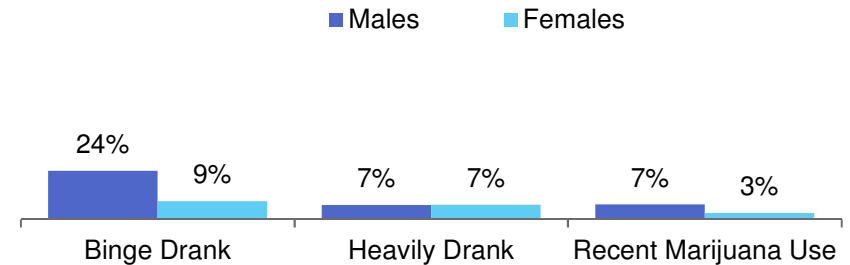
Binge drinking decreases with increasing age.

- Newport area adults ages 65 and older are significantly less likely than those in younger age groups to report binge drinking in the last month.

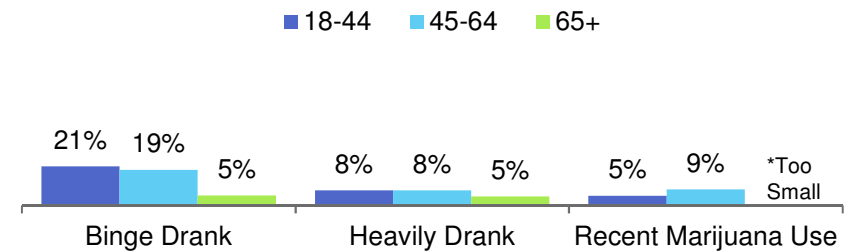
Heavy drinking and recent marijuana use do not differ significantly by age.

There are no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level, among Newport area adults.

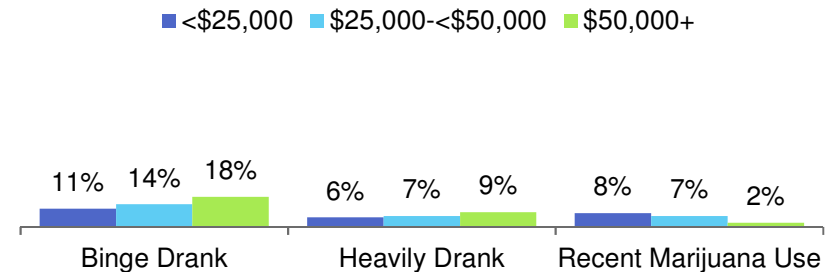
**Risk Behaviors by Gender
Newport Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

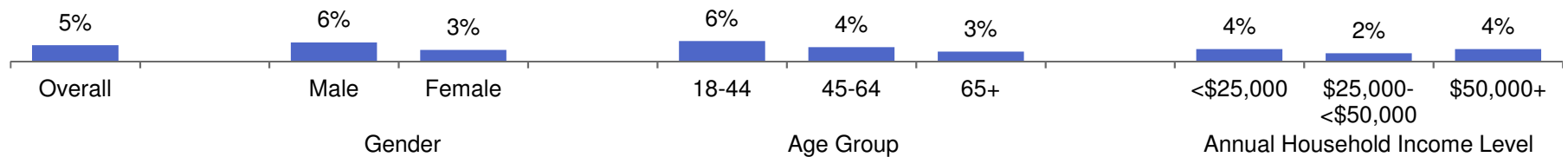
Risk Behaviors

Overall, five percent of adults in the Newport area said they seldom or never wear a seatbelt when riding or driving a car.

- This is statistically similar to the four percent of Vermont adults who reported the same.

Adult non-use of seatbelts in the Newport area does not differ by gender, age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Newport Adults**



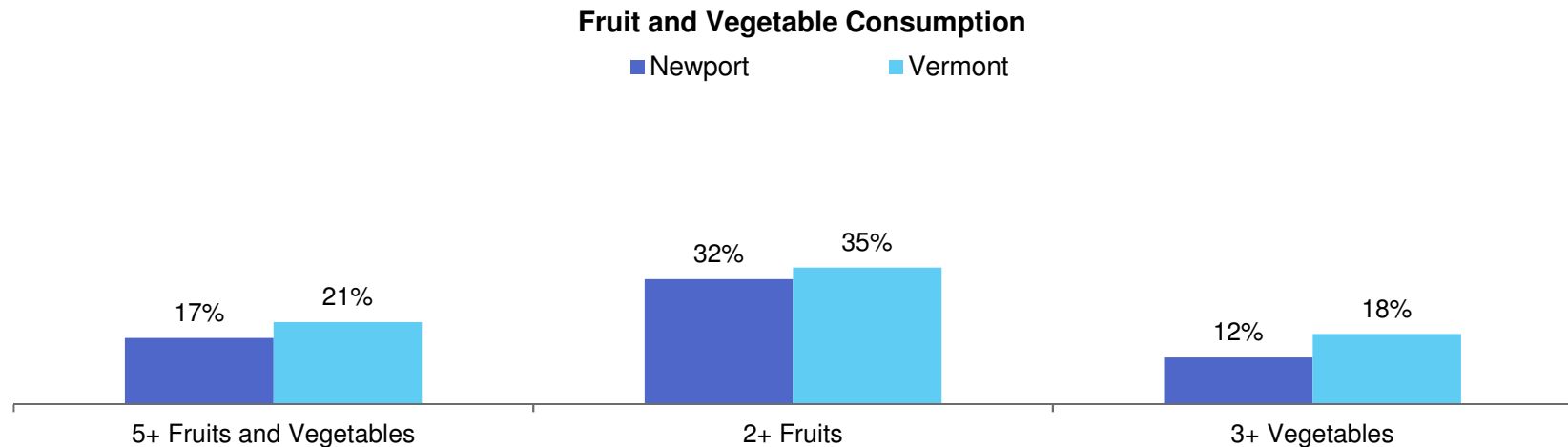
Preventive Behaviors

In 2011-2013, about one in six (17%) Newport area adults reported eating fruits and vegetables five or more times per day. Slightly less than a third (32%) ate two or more fruits and only 12% reported eating three or more vegetables.

Newport area adults reported eating three or more daily vegetables at a significantly higher rates than Vermont adults overall (12% vs. 18%).

- Newport area adult consumption of five or more fruits and vegetables and two or more fruits was statistically similar to that among Vermont adults.

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



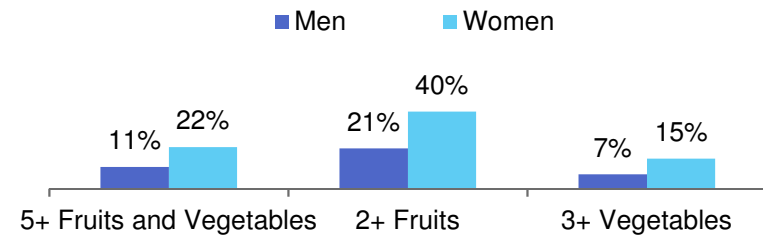
Preventive Behaviors

Women in the Newport area reported eating more fruits and vegetables than men.

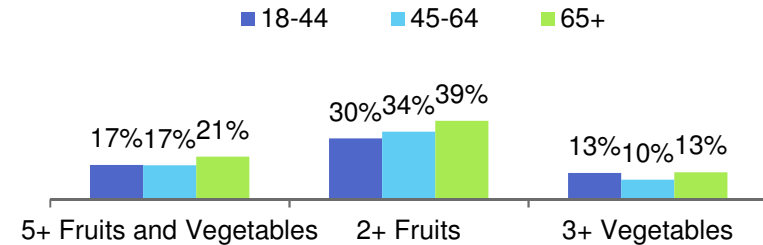
- Women are significantly more likely than men to eat two or more fruits per day (40% vs. 21%).
- Consumption of five or more fruits and vegetables and three or more vegetables daily do not differ by gender.

There are no differences in fruit and vegetable consumption by age or annual household income, among Newport adults.

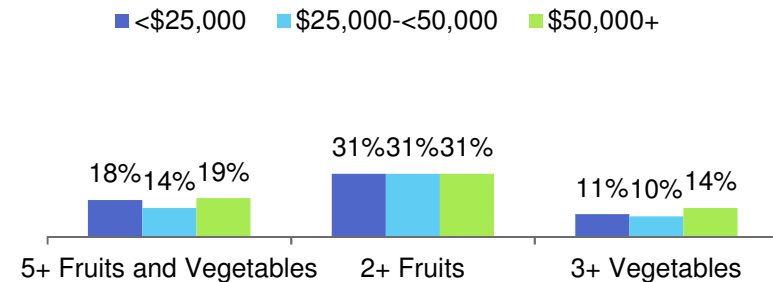
**Preventive Behaviors by Gender
Newport Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age is age, adjusted to the U.S. 2000 standard population.

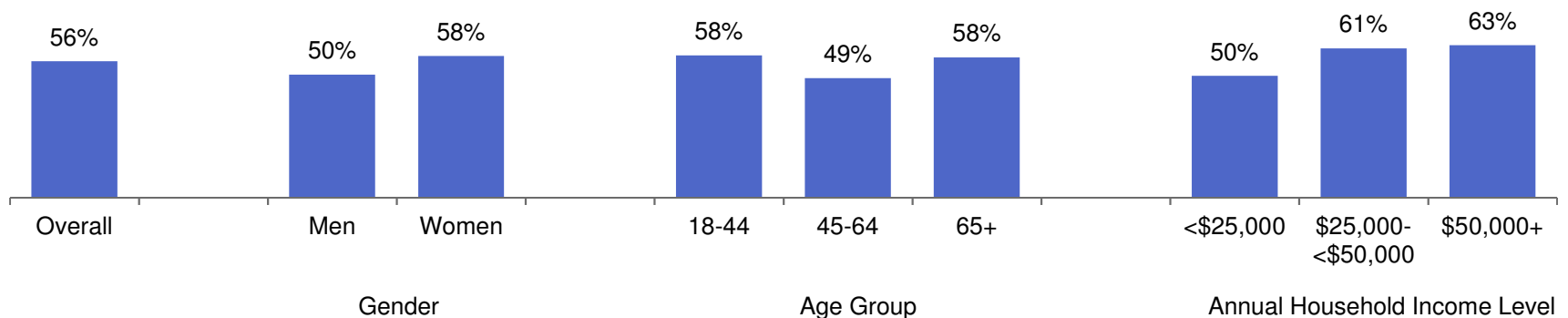
Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 56% reported among Newport area adults.

Among Newport adults, there also are no significant differences in meeting physical activity recommendations by gender, age or annual household income level.

Information on recommended physical activity was only collected in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Newport Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

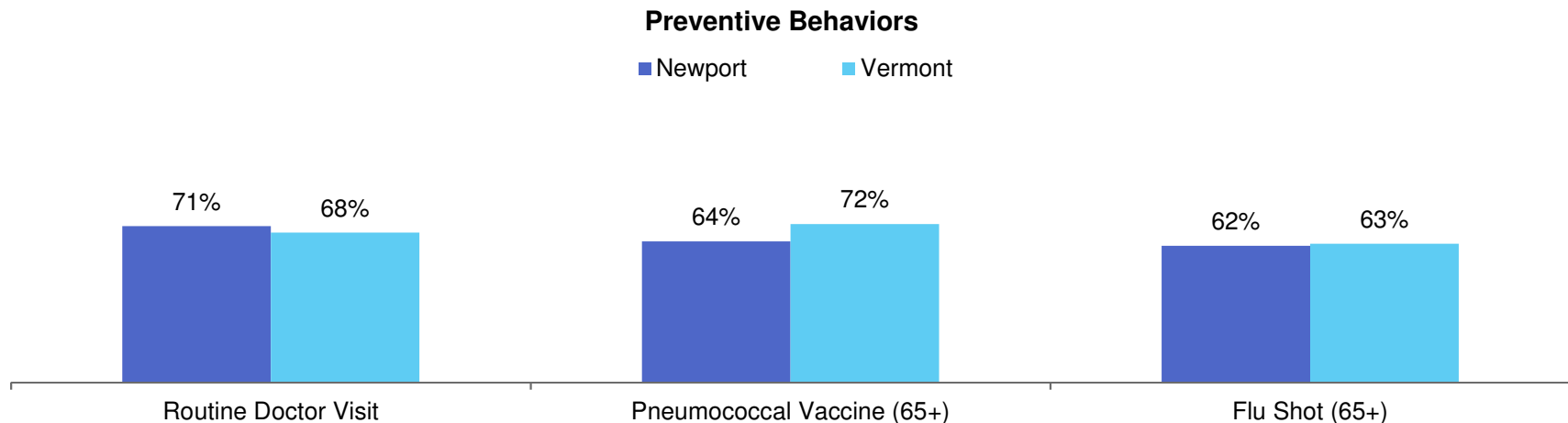
Preventive Behaviors

Over seven in ten adults (71%) in the Newport area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Less than two-thirds (64%) of Newport area adults ages 65 and older have ever gotten a pneumococcal vaccine. Slightly fewer, 62% reported having a flu shot in the last year.

- As compared with Vermont adults 65 and older, those in the Newport area are significantly less likely to have ever gotten a pneumococcal vaccination (64% vs. 72%) and as likely to have received a flu vaccine in the last year (62% vs 63%).

Routine doctor visits and receipt of vaccinations among Newport area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

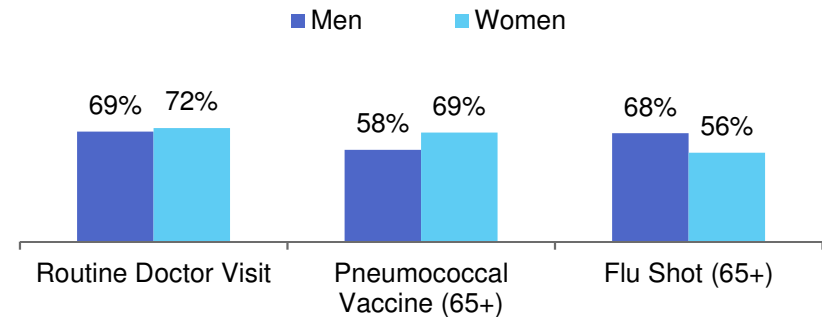
There are no statistically significant differences in routine visits to the doctor or receipt of the pneumococcal vaccine or a flu shot by gender among Newport area adults.

Routine visits to the doctor in the last year increase with age.

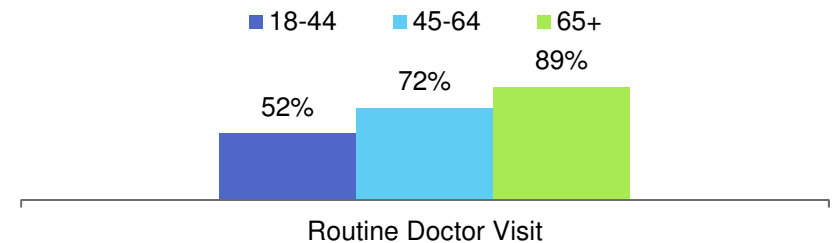
- All differences by age are statistically significant.

Newport area adults report similar rates by annual household income in routine doctor visits and receipt of vaccinations.

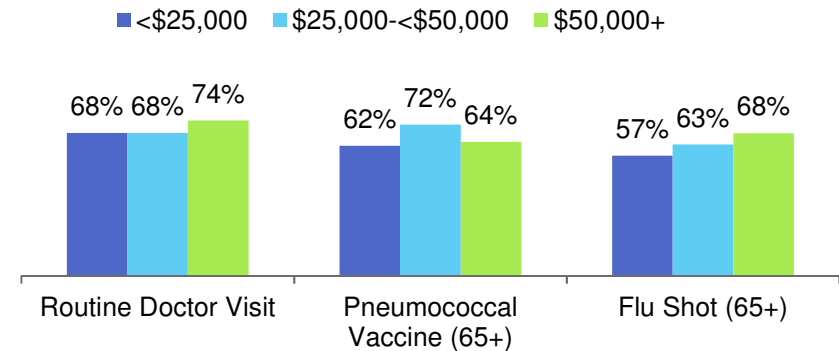
**Preventive Behaviors by Gender
Newport Adults**



Preventive Behaviors by Age



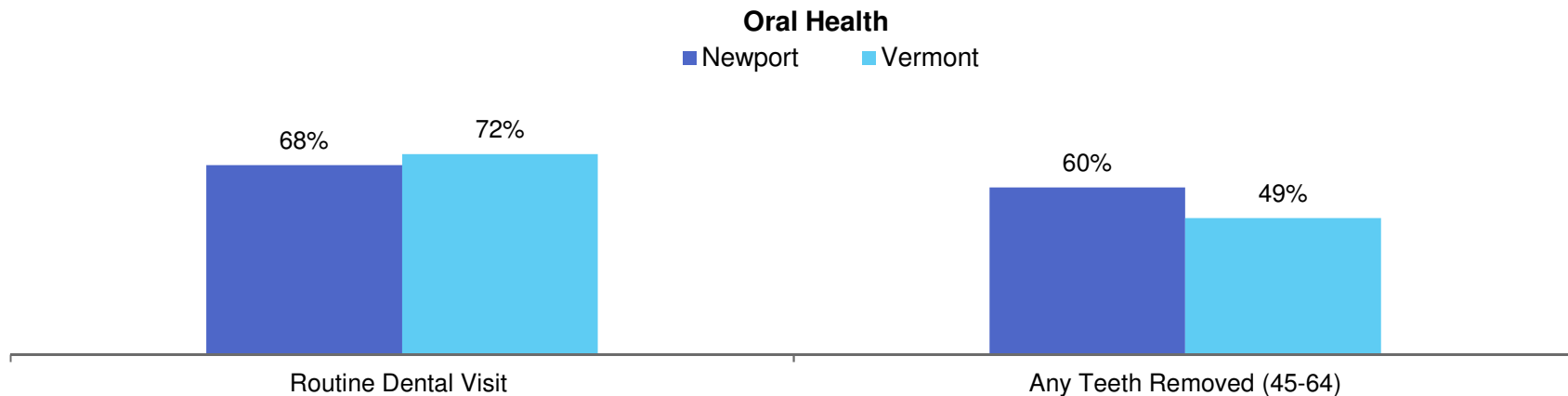
Preventive Behaviors by Income Level



Oral Health

Newport area adults routinely visit the dentist at a similar rate as Vermont adults overall (68% vs. 72%). However, adults 45-64 in the Newport area report having at least one tooth removed at a significantly higher rate than Vermont adults of the same age (60% vs. 49%).

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Oral Health

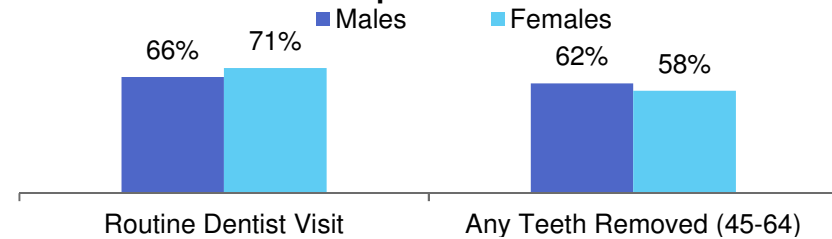
Among Newport area adults, there are no differences by gender in routine dental visits, and having one or more teeth removed or extracted.

Routine dental visits do not vary significantly by age.

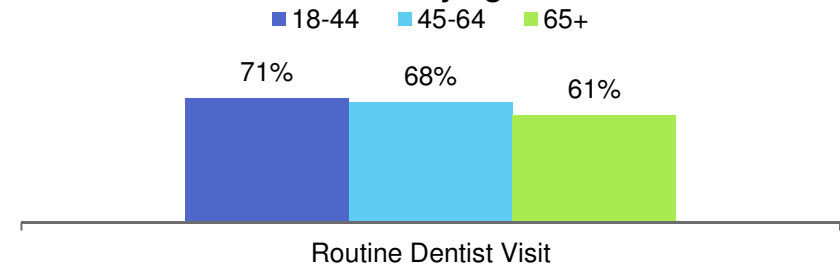
Newport area adults living in homes with more income are more likely to visit the dentist routinely.

- Adults in homes making at least \$25,000 per year are significantly more likely to visit the dentist than those in homes with less income.
- Adults, 45-64 in homes making at least \$50,000 are also significantly less likely to have had teeth removed than those in homes making less money.

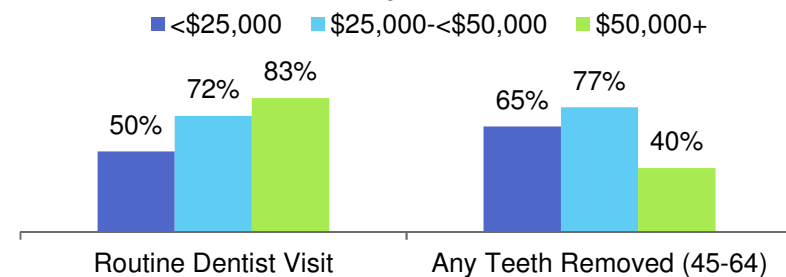
**Oral Health by Gender
Newport Adults**



Oral Health by Age



Oral Health by Income Level



HIV Screening

In 2013-2014, about a quarter (23%) of Newport area adults had ever been tested for HIV. This is significantly higher than the 31% reported among Vermont adults overall.

Men and women in the Newport area reported HIV testing at the same rate (23%).

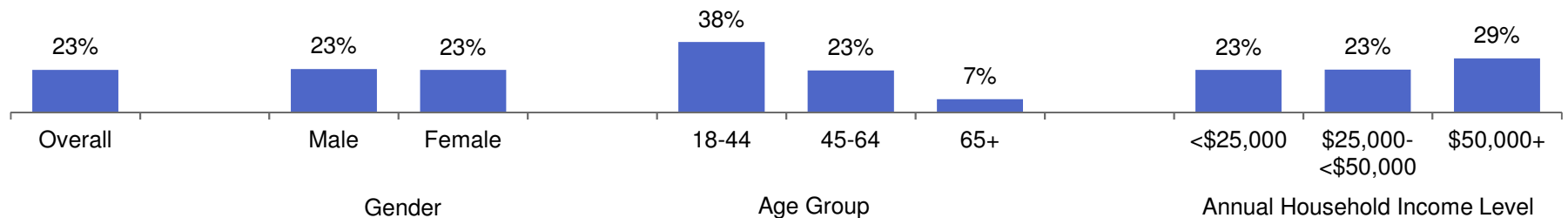
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults ages 65 and older are less likely to have been screened for HIV compared to younger age groups.

There are no differences, among adults in the Newport area, in HIV testing by annual household income level.

Among adults in the Newport area, HIV Test rates have not changed significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
Newport Adults**



Cancer Screening

In 2012-2014, more than eight in ten (83%) women ages 50-74 in the Newport area reported meeting breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

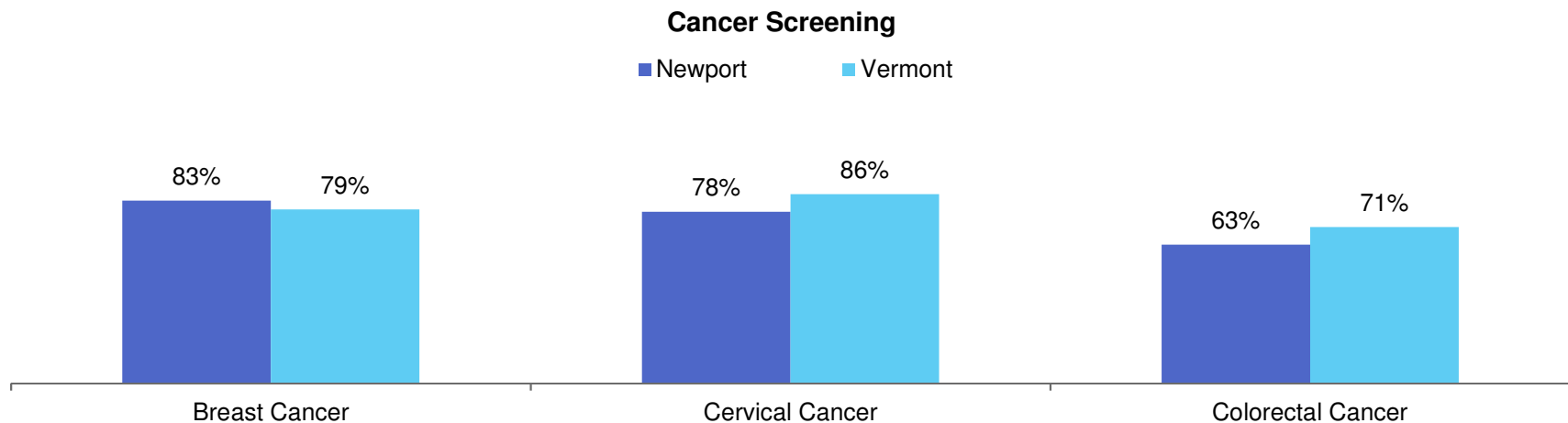
More than three-quarters (78%) of women 21-65 who live in the Newport area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Newport area, roughly two-thirds (63%) met colorectal cancer screening recommendations. This rate is significantly lower than that reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy every five years and FOBT every three years OR colonoscopy every ten years.

Cancer screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

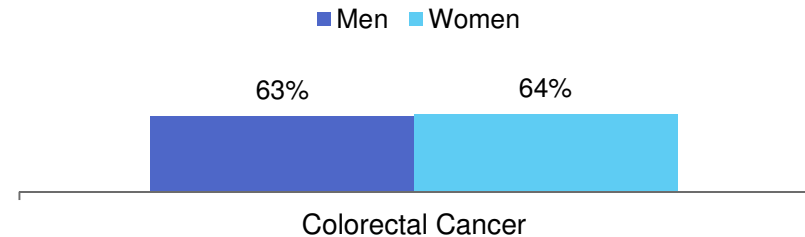


Cancer Screening

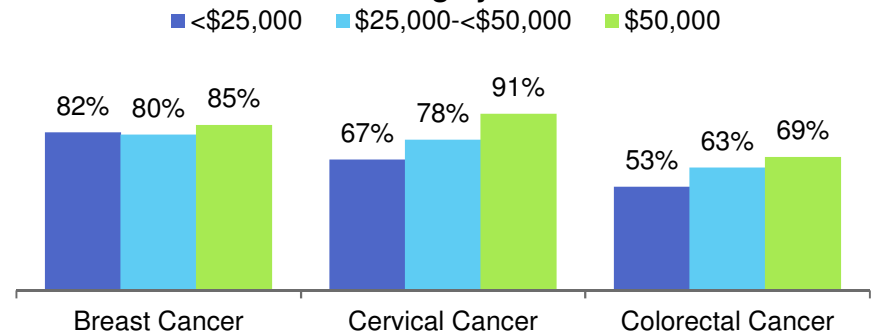
Among Newport area adults, there are no statistically significant differences by gender in receipt of recommended colorectal cancer screening.

Receipt of cancer screening is more likely among those in homes with more income, however differences are not statistically significant.

**Cancer Screening By Gender
Morrisville Adults**



Cancer Screening by Income Level



Appendix A: Newport District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	20%	20%	16%	No
Poor Physical Health	16%	17%	13%	No
Poor Mental Health	14%	12%	13%	No
Disabled	29%	27%	24%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	14%	14%	11%	No
No Doctor Because of Cost	13%	10%	11%	No
No Health Plan (ages 18-64)	12%	16%	12%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	33%	37%	33%	No
Depression	22%	20%	21%	No
Obesity	32%	25%	29%	No
Asthma	13%	12%	11%	No
Diabetes	9%	9%	10%	No
Non-Skin Cancer	6%	9%	9%	No
Cardiovascular Disease (CVD)	13%	13%	12%	No
Skin Cancer	5%	6%	6%	No
Chronic Obstructive Pulmonary Disease (COPD)	10%	9%	9%	No

Appendix A: Newport District Office Trend Results (2011-2014)

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	30%	25%	20%	No
Binge Drinking	17%	15%	16%	No
No Exercise	27%	28%	26%	No
Recent Marijuana Use	6%	5%	N/A	No
Heavy Drinking	6%	7%	7%	No
Seldom or Never use Seatbelt	5%	5%	5%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	71%	70%	71%	No
Pneumococcal Vaccine, Ever, Ages 65+	70%	66%	64%	No
Flu Shot in the Last Year, Ages 65+	64%	63%	62%	No
Ever Tested for HIV	26%	25%	23%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns in the Newport Health District are: Averill, Averys Gore, Bloomfield, Brighton, Brunswick, Canaan, Ferdinand, Lemington, Lewis, Norton, Warners Gore, Warren Gore, Albany, Barton, Brownington, Charleston, Coventry, Derby, Glover, Holland, Irasburg, Jay, Lowell, Morgan, Newport City, Newport Town, Troy, Westfield, and Westmore.